NOV 2 3 2005

1345596

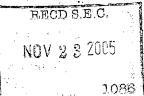
UNITED STATES

1SECURITIES AND EXCHANGE COMMISSION

Washington, D.C 20549

FORM D

OMB Approval
OMB Number: 3235-0076
Expires: November 30, 2001
Estimated average burden
hours per response ... 16.00



FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

05072289

Name of Offering (check if this is an amendment and name has changed, and indicate change Waveland Drilling Partners 2005-B, L.P. Private Placement of Partnership U	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Sect	
Type of Filing:	الأراضية بمسوال والمتراوا والأراف
A. BASIC IDENTIFICATION DAT	ΓA
1. Enter the information requested about the issuer	A A A A A
Name of Issuer (check if this is an amendment and name has changed, and indicate change. Waveland Drilling Partners 2005-B, L.P.) and the second of the second
Address of Executive Offices (Number and Street, City, State, Zip Code) 19100 Von Karman Avenue, Ste. 480, Irvine, CA 92612	Telephone Number (Including Area Code) 949-251-9383
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	.0000
Investments and oil and gas exploration and production	NOV 3 Q 2006
□ business trust □ limited partnership, to be formed	other (please specify): THOMSON -
Actual or Estimated Date of Incorporation or Organization: Month Year	for State; D □
GENERAL INSTRUCTIONS	State Control of the
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (77d(6)).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, due, on the date it was mailed by United States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities and if received at that address after the date on which it is
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549	The second of th
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report the the information requested in Part C, and any material changes from the information previously supplied in Part with the SEC.	e name of the issuer and offering, any changes thereto, is A and B. Part E and the Appendix need not be filed

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice consistues a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-99) 1 of 8

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of
 - © equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑General and/or Managing Partner
Full Name (Last name first, i	VV	aveland Energy Partn			
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Cod	^{le)} 19100 Von Karma	ın Ave., Ste. 4	80, Irvine, CA 926
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual) Gr	eer, Michael J.			
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Cod	^{le)} 19100 Von Karm	an Ave., Suite	480, Irvine, CA 92
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual) Fe	tters, R. Thomas			
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Cod	^(e) 19100 Von Karma	an Ave., Suite	480, Irvine, CA 92
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	Z Executive Officer	☐ Director	☐General and/or Managing Partner
	61.41.11.1V	□ Beneficial Owner eer, Vickie J.	Z Executive Officer	□ Director	
Full Name (Last name first, i	f individual) Gr	eer, Vickie J.			
Full Name (Last name first, i Business or Residence Addre	f individual) Gr	eer, Vickie J.			Managing Partner
Check Box(es) that Apply: Full Name (Last name first, i Business or Residence Addre Check Box(es) that Apply: Full Name (Last name first, i	f individual) Gr ss (Number and S	eer, Vickie J. treet, City, State, Zip Cod	^{le)} 19100 Von Karm	an Ave., Suite	Managing Partner 480, Irvine, CA 92 □General and/or
Full Name (Last name first, i Business or Residence Addre Check Box(es) that Apply: Full Name (Last name first, i	f individual) Gr ss (Number and S Promoter f individual)	eer, Vickie J. treet, City, State, Zip Cod Beneficial Owner	le) 19100 Von Karma	an Ave., Suite	Managing Partner 480, Irvine, CA 92 □General and/or
Full Name (Last name first, i Business or Residence Addre Check Box(es) that Apply: Full Name (Last name first, i Business or Residence Addre	f individual) Gr ss (Number and S Promoter f individual)	eer, Vickie J. treet, City, State, Zip Cod Beneficial Owner	le) 19100 Von Karma	an Ave., Suite	Managing Partner 480, Irvine, CA 92 General and/or Managing Partner
Full Name (Last name first, i Business or Residence Addre Check Box(es) that Apply: Full Name (Last name first, i Business or Residence Addre Check Box(es) that Apply:	f individual) Gr ss (Number and S Promoter f individual) ss (Number and S Promoter	eer, Vickie J. treet, City, State, Zip Cod Beneficial Owner treet, City, State, Zip Cod	le) 19100 Von Karma Executive Officer	an Ave., Suite Director	Managing Partner 480, Irvine, CA 92 □General and/or Managing Partner
Full Name (Last name first, i Business or Residence Addre Check Box(es) that Apply: Full Name (Last name first, i Business or Residence Addre Check Box(es) that Apply: Full Name (Last name first, i	f individual) Gr ss (Number and S Promoter f individual) ss (Number and S Promoter if individual)	eer, Vickie J. treet, City, State, Zip Cod Beneficial Owner treet, City, State, Zip Cod Beneficial Owner	le) 19100 Von Karma Executive Officer le) Executive Officer	an Ave., Suite Director	Managing Partner 480, Irvine, CA 92 General and/or Managing Partner
Full Name (Last name first, i Business or Residence Addre Check Box(es) that Apply:	f individual) Gr ss (Number and S Promoter f individual) ss (Number and S Promoter if individual)	eer, Vickie J. treet, City, State, Zip Cod Beneficial Owner treet, City, State, Zip Cod Beneficial Owner	le) 19100 Von Karma Executive Officer le) Executive Officer	an Ave., Suite Director	Managing Partner 480, Irvine, CA 92 General and/or Managing Partner

B. INFORMATION ABOUT OFFERING		
	Yes	No
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?		A
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?	\$_100	,000.00
less amounts may be accepted at the discretion of the issuer	Yes	No
3. Does the offering permit joint ownership of a single unit?	₽	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code) 8620 W. 110th Street, Suite 200 Overland Park, KS 66210	· :	
Name of Associated Broker or Dealer VSH Financial Services, Inc.		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
Check "All States" or check individual States)		;
IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]		r in the
MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	Egingan Se	est.
RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)		4
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
Check "All States" or check individual States)		. , ,
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]		
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)		r miljer i Ne
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
Ivalue of Associated Diokei of Dealer		<u> </u>
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		12
(Check "All States" or check individual States)	>. - ≠ ,	1
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]		
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		

B. INFORMATION ABOUT OFFERING		
	Yes	No
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?		A
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual? \$_	100,0	00.00
less amounts may be accepted at the discretion of the issuer	Yes	No
	☆	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual)		
		
Business or Residence Address (Number and Street, City, State, Zip Code). 2111 Palomar Airport Road, Suite 130, Carlsbad, CA 92009	*	
Name of Associated Broker or Dealer Waveland Capital Partners LLC	·	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	, , , , , , , , , , , , , , , , , , , 	
(Check "All States" or check individual States)	ţ'	
and the second of the second o		
[[] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NW] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]		
[MT] [NE] [NY] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code) 525 B Street 17th Floor San Diego, CA 92101		
Name of Associated Broker or Dealer First Allied Securities		,
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	• :	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]	. 11.	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]		
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	1 /	
[RI] [SC] [SD] [TN] [PK] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		-
Full Name (Last name first, if individual)		`
Business or Residence Address (Number and Street, City, State, Zip Code) 5002 W. Waters Avenue Tampa, Florida 33634		
Name of Associated Broker or Dealer GunnAllen Financial, Inc.		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		্ব
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]		*
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MA] [MN] [MS] [MO] (MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [OH] [OK] [OR] [PA]	1	
[RI] [SC] [SD] [TM] [TM] [WT] [VA] [WA] [WV] [WI] [WY] [PR]		

(Use blank sheet, or copy and use additional coopies of this sheet, as necessary) 3 of 8

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

·	
Aggregate	Amount Already Sold
Onening Price	SOIG .
\$	\$
\$ <u>.</u>	\$
\$.\$
\$ <u>15,000,000</u>	\$ 1,465,000
\$	\$
\$ 15,000,000	\$
•	
	Alberta Sa
Number	Aggregate
	Dollar Amount
•	of Purchases
41	\$_1,465,000
0	\$ <u>0</u>
41	\$_1,465,000
to the second of	**
Type of Security	Dollar Amount Sold
	\$
<u> </u>	\$
	\$
N/A	\$ N/A
🗖	\$
Z i	\$ 30,000.00
Z i	\$_35,000.00
	\$ 20,000.00
1 7	\$ 0.00
	\$ 1,200,000.0
	\$ 300,000.00
	¢ 1.585.000.0
	S

C. OFFERING PRICE, NOME	DER OF INVESTORS, EXPENSES		TROCEEDS
Question 1 and total expenses furnished in	gate offering price given in response to Part C-response to Part C-Question 4.a. This difference uer."	:	\$13,415,000
used for each of the purposes shown. If the an estimate and check the box to the left of	ross proceeds to the issuer used or proposed to be the amount for any purpose is not known, furnish of the estimate. The total of the payments listed the issuer set forth in response to Part C-Ques-		
 		Payments to Officers, Directors, &	Payments To
		Affiliates	Others
Salaries and fees		\$□	\$
Purchase of real estate	,	\$□	\$
Purchase, rental or leasing and instal	lation of machinery and equipment	\$□	\$
Construction or leasing of plant bui	ldings and facilities	\$□	\$
offering that may be used in exchange	ading the value of securities involved in this e for the assets or securities of another issuer	\$□	\$
Working capital		\$	\$ 13,415,000
Other (specify)		\$□	\$
<u> </u>			· · · · · · · · · · · · · · · · · · ·
		\$□	\$
Column Totals		\$ 0.00	\$ 13,415,000
	als added)	•	3,415,000
	D. FEDERAL SIGNATURE	· · · · · · · · · · · · · · · · · · ·	
following signature constitutes an undertaking	gned by the undersigned duly authorized person. g by the issuer to furnish to the U.S. Securities a y the issuer to any non-accredited investor pursua	nd Exchange Comm	ission, upon written
Issuer (Print or Type) Waveland Drilling Partners 2005-B, LP	Signature Han	Date 11/15/6	<u> </u>
Name of Signer (Print or Type)	Title of Signer (Print or Type)		

ATTENTION

	• E. STATE SIGNATURE	
	52 (c), (d), (e) or (f) presently subject to any of the disqualification Yes	No
See Appe	endix, Column 5, for state response.	
2. The undersigned issuer hereby undertakes form D (17 CFR 239.500) at such times	s to furnish to any state administrator of any state in which this notice is filed, a ras required by state law.	otice on
3. The undersigned issuer hereby undertakes issuer to offerees.	s to furnish to the state administrators, upon written request, information furnished	d by the
Limited Offering Exemption (ULOE)	e issuer is familiar with the conditions that must be satisfied to be entitled to the of the state in which this notice is filed and understands that the issuer claim den of establishing that these conditions have been satisfied.	
The issuer has read this notification and know undersigned duly authorized person.	ws the contents to be true and has duly caused this notice to be signed on its behalf	by the
Issuer (Print or Type) Waveland Drilling Partners 2005-B, LP	Signature Date 11/15/05	
Name of Signer (Print or Type) Vickie J. Greer	Title of Signer (Print or Type) COO of Waveland Energy Partners LLC	:

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	,	2	3			4		5	
	non-ac inves St	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (PartC-Item 1)		mound pu (Part	investor and rchased in State C-Item 2)		Disquali under ULOE atta explana waiver g (Part E-	State (if yes, ich tion of ranted)
				Number of Accredited		Number of Nonaccredited			
State	Yes	No		Investors	Amount		Amount	Yes	No
AL									
AK					• •		e programme de la companya de la co		
AZ		x		2	125,000				
AR			5 ¢						
CA		×		12	345,000	0			ĸ
со				i de e					
CT		. 8.							
DE									
DC					_				
FL			·						
GA							-	·	
н		×		1	50,000	0		-	×
ID	:					· .			
IL		×		1	100,000	0			×
IN									
IA	:								
KS									
KY								·	
LA				*					
ME	i. L								
MD									
MA	:								7
MI		×		18	505,000	0			×
MN									
MS									<i>₽</i>
МО							ć	\ \	

APPENDIX

1		2	3			4			; ·]
	Intend	to sell						Disqual under	ification State
	t t	0	Type of security				-	ULOE	(if yes,
6 '°		credited tors in:	and aggregate offering price		Type of	f investor and		att: explana	ach ition of
	St	ate	offered in state		amound pu	irchased in State		waiver g	(ranted)
	(Part B	-Item 1)	(PartC-Item 1)		(Par	t C-Item 2)	<u> </u>	(Part E	Item 1)
·			*	Number of		Number of			
State	Yes	No		Accredited Investors	Amount	Nonaccredited Investors	Amount	Yes	No
MT				1	100,000	0			×
NE								-,	¥1
NV:		*		1	50,000	0			¥
NH				Targett Art Tark					4
NJ				.,					
NM					. W				
NY					en e	·			. 3.1
NC								, -	: '
ND								,	
ОН						1.4			
ОК									
OR		* .			_				:
PA				and the second second	en Street with the	5			
RI		·							
SC							·	i	
SD		×		. 3	140,000	0			×
TN								<u></u>	:.
TX		×		2	50,000	0	3		×
UT					,			·	
VT									
VA									
WA.			·						
wv			·						
WI				·					
WY									
PR									